



INDIANA CONSERVATION FIELD OFFICER PERFORMANCE APPRAISAL REPORT

Name:

Name of employee, Last, First, MI:				Social Security number						
Name of state agency: IDNR, Law Enforcement				Org code						
Class title and class code of employee:				Review period (month / year)						
Type of Evaluation		Annual		3-Month		6-Month		Follow-up		Other

Instructions

For each applicable responsibility, assign the most suitable performance rating. Substantiate ratings of "Unsatisfactory" on the Comments Report

Law Enforcement Responsibilities

Hunting Enforcement		Satisfactory		Unsatisfactory		Not applicable
Fishing Enforcement		Satisfactory		Unsatisfactory		Not applicable
Boating Enforcement		Satisfactory		Unsatisfactory		Not applicable
DNR Property Enforcement		Satisfactory		Unsatisfactory		Not applicable
ORV & Snowmobile Enforcement		Satisfactory		Unsatisfactory		Not applicable
Investigative Duties		Satisfactory		Unsatisfactory		Not applicable
Overall Law Enforcement Performance		Satisfactory		Unsatisfactory		

Educational / Public Appearance Responsibilities

Hunter Education Program		Satisfactory		Unsatisfactory		Not applicable
Boater Education Program		Satisfactory		Unsatisfactory		Not applicable
Snowmobile Education Program		Satisfactory		Unsatisfactory		Not applicable
Trapper Education Program		Satisfactory		Unsatisfactory		Not applicable
Conservation Groups – PA's		Satisfactory		Unsatisfactory		Not applicable
Community Groups – PA's		Satisfactory		Unsatisfactory		Not applicable
School Groups – PA's		Satisfactory		Unsatisfactory		Not applicable
Overall Educational / PA Performance		Satisfactory		Unsatisfactory		

Administrative Responsibilities

Case Reports		Satisfactory		Unsatisfactory		Not applicable
Arrest & Warning Citations		Satisfactory		Unsatisfactory		Not applicable
Dispositions (timely submission)		Satisfactory		Unsatisfactory		Not applicable
Monthly Activity Reports		Satisfactory		Unsatisfactory		Not applicable
Mileage Reports		Satisfactory		Unsatisfactory		Not applicable
Equipment Usage Reports		Satisfactory		Unsatisfactory		Not applicable
Other Reports Not Specifically Listed (Accident, Fish Kill, Lost-Stolen-Damaged etc.)		Satisfactory		Unsatisfactory		Not applicable
Overall Administrative Performance		Satisfactory		Unsatisfactory		

General Responsibilities

Overall Job Knowledge and Skill		Satisfactory		Unsatisfactory		Not applicable
Dependability		Satisfactory		Unsatisfactory		Not applicable
Motivation		Satisfactory		Unsatisfactory		Not applicable

Employee Initial		Evaluator Initial		Superior Initial		
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General Responsibilities Continued

Personal Appearance		Satisfactory		Unsatisfactory		Not applicable
Equipment Appearance / Maintenance		Satisfactory		Unsatisfactory		Not applicable
Composure / Stability		Satisfactory		Unsatisfactory		Not applicable
Radio Communications		Satisfactory		Unsatisfactory		Not applicable
Service & Public Relations		Satisfactory		Unsatisfactory		Not applicable
Inter-Departmental / Agency Relations		Satisfactory		Unsatisfactory		Not applicable
Follows Proper Procedures / Judgment		Satisfactory		Unsatisfactory		Not applicable
Overall General Responsibility Performance		Satisfactory		Unsatisfactory		

Total Overall Job Performance		Satisfactory		Unsatisfactory	
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I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating.		I hereby certify that this rating report constitutes my best judgment of the service performed by this employee for the review period covered.	
Signature of Employee	Date signed	Signature of Evaluator	Date signed

Signature of Superior	Signature of Appointing Authority
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